

<b>UTILITY PATENT APPLICATION TRANSMITTAL</b>		Attorney Docket No. 60518-165
		First Inventor Jeffrey George
		Title SYSTEM AND METHOD FOR PROCESSING A HOPPER FILL IN A GAMING SYSTEM
		Express Mail Label No. EV 303952026 US

(Only for new nonprovisional applications under 37 C.F.R. 1.53(b))

22388 U.S. PTO  
10/660969  
09/12/03

<b>APPLICATION ELEMENTS</b>		<b>ADDRESS TO:</b>	
See MPEP chapter 600 concerning utility patent application contents.		Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <i>(Submit an original and a duplicate for fee processing)</i>		7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)	
2. <input type="checkbox"/> Applicant claims small entity status. <i>See 37 CFR 1.27.</i>		8. Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i>	
3. <input checked="" type="checkbox"/> Specification <span style="border: 1px solid black; padding: 2px;">[Total Pages 69]</span> <i>(preferred arrangement set forth below)</i> <ul style="list-style-type: none"> <li>- Descriptive title of the Invention</li> <li>- Cross References to Related Applications</li> <li>- Statement Regarding Fed sponsored R &amp; D</li> <li>- Reference to sequence listing, a table, or a computer program listing appendix</li> <li>- Background of the Invention</li> <li>- Brief Summary of the Invention</li> <li>- Brief Description of the Drawings (<i>if filed</i>)</li> <li>- Detailed Description</li> <li>- Claim(s)</li> <li>- Abstract of the Disclosure</li> </ul>		a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: <ul style="list-style-type: none"> <li>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or</li> <li>ii. <input type="checkbox"/> paper</li> </ul> c. <input type="checkbox"/> Statements verifying identity of above copies	
4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C.113) <span style="border: 1px solid black; padding: 2px;">[Total Sheets 24]</span>		9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))	
5. Oath or Declaration <span style="border: 1px solid black; padding: 2px;">[Total Pages 4]</span>		10. <input type="checkbox"/> 37 C.F.R. §3.73(b) Statement <input type="checkbox"/> Power of <i>(when there is an assignee)</i> Attorney	
a. <input checked="" type="checkbox"/> UN- executed (original or copy)		11. <input type="checkbox"/> English Translation Document ( <i>if applicable</i> )	
b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63 (d)) <i>(for a continuation/divisional with Box 18 completed)</i>		12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations	
i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b> <i>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</i>		13. <input type="checkbox"/> Preliminary Amendment	
6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76		14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i>	
		15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i>	
		16. <input type="checkbox"/> Request and Certification under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.	
		17. <input type="checkbox"/> Other:	

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

 Continuation  Divisional  Continuation-in-part (CIP)

of prior application No: 09 / 967,571

Prior application information: Examiner Aaron L. Enatsky

Group / Art Unit: 3713

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

**17. CORRESPONDENCE ADDRESS**

<input checked="" type="checkbox"/> Customer Number or Bar Code Label		27305	or <input type="checkbox"/> Correspondence address below	
Name				
Address				
City	State		Zip Code	
Country	Telephone		Fax	

Name (Print/Type)	James R. Yee	Registration No. (Attorney/Agent)	34,460
Signature	James R. Yee BAO		Date

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, MAIL STOP PATENT APPLICATION, P.O. BOX 1450, Alexandria, VA 22313-1450.

**CERTIFICATE OF EXPRESS MAILING**

I hereby certify that the enclosed Patent Application, fee and related documents are being deposited with the United States Postal Service as Express Mail, postage prepaid, in an envelope as Express Mail Post Office to Addressee, Mailing Label No. EV 303952026US and addressed to Mail Stop Patent Application - FEE, Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450 on September 12, 2003.

*Dawn Large*

Dawn Large

17699 U.S. PTO  
09/12/03

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PTO/SB/17 (05-03)

Approved for use through 04/30/2003. OMB 0651-0032

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

# FEE TRANSMITTAL for FY 2003

Patent fees are subject to annual revision.

Applicant Claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** (\$ 2280)

Complete if Known	
Application Number	Unknown
Filing Date	Herewith
First Named Inventor	Jeffrey George, et al.
Examiner Name	Unknown
Group / Art Unit	Unknown
Attorney Docket No.	60518-165

METHOD OF PAYMENT (check all that apply)					FEE CALCULATION (continued)					
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> Deposit Account <input type="checkbox"/> None										
Deposit Account Number <b>08-2789</b>										
Deposit Account Name <b>Howard &amp; Howard, PC</b>										
<p>The Director is authorized to: (check all that apply)</p> <p><input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments  <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application  <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above identified deposit account.</p>										
FEE CALCULATION										
1. BASIC FILING FEE										
Large Entity Fee Code	Fee (\$)	Small Entity Fee Code	Fee (\$)	Fee Description		Fee Paid				
1001	750	2001	375	Utility filing fee		<b>750</b>				
1002	330	2002	165	Design filing fee						
1003	520	2003	260	Plant filing fee						
1004	750	2004	375	Reissue filing fee						
1005	160	2005	80	Provisional filing fee						
SUBTOTAL (1)					(\$ 750)					
2. EXTRA CLAIM FEES										
Total Claims	105	-20**	= 85	Extra Claims	Fee from below	Fee Paid				
Independent Claims	2	-3**	= 0			0				
Multiple Dependent				X		0				
Large Entity Fee Code	Fee (\$)	Small Entity Fee Code	Fee (\$)	Fee Description		Fee Paid				
1202	18	2202	9	Claims in excess of 20						
1201	84	2201	42	Independent claims in excess of 3						
1203	280	2203	140	Multiple dependent claim, if not paid						
1204	84	2204	42	** Reissue independent claims over original patent						
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent						
SUBTOTAL (2)					(\$ 1530)					
Other fee (specify)										
*Reduced by Basic Filing Fee Paid							SUBTOTAL (3)			
							(\$ 0)			

\*\*or number previously paid, if greater; For Reissues, see above

SUBMITTED BY		Complete if applicable			
Name (Print/Type)	James R. Yee	Registration No. Attorney/Agent)	34,460	Telephone	(248)723-0349
Signature	<i>James R. Yee</i>	<i>SAD</i>		Date	09/12/03

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.